

TEXAS DEPARTMENT OF HEALTH

RECEIVING AGENCY PROGRAM: _____

PERFORMING AGENCY: _____

TDH Document No.: _____ TERM: _____ Thru _____

CONTRACT BUDGET/REVISED BUDGET

FINANCIAL ASSISTANCE			
Object Class Categories	Current Approved Budget	Change Requested	New or Revised Budget
a. Personnel			
b. Fringe Benefits (____%)			
c. Travel			
d. Equipment (Attach list)			
e. Supplies			
f. Contractual			
g. Other			
h. TOTAL DIRECT			
i. Indirect Costs*			
j. TOTAL			
k. Receiving Agy. Share			
l. Performing Agy. Share			
m. Program Income			
* Detail on Indirect Charges: Type of Rate [check one]:	Rate: ____% ____ Approved Rate	x Base \$ ____ ____ Table	= Total Indirect Chgs ____ Other
Explanation of Revisions (if applicable):			
DIRECT	ASSISTANCE (if applicable)		
	Current Approved	Change Requested	New/Rev. Budget
Personnel (attach detail)			
Travel			
Laboratory Support			
Vaccine			
Other: _____			
TOTAL			